

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	25/09/2018 13:53
Date Of Accident	22/09/2018 18:35
Exact Location Of Accident	ALONG BEDOK SOUTH RD NEAR TO BLK18 CARPRK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN252K
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Insured/Policyholder

Name Of Registered Owner	SONG CHYE CHENG@SOON ENG KIAT
NRIC No	S0099590H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90933000
Alternative Phone No	OFFICE-90933000

Vehicle Particulars

Manufacturer	NISSAN
Model	PRESAGE QR25DE 4AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093964834
Cover Note Number	-

Driver

Name of Driver	SONG CHYE CHENG@SOON ENG KIAT
NRIC No	S0099590H
Date Of Birth	02/11/1954
Occupation	INDOOR
Date Of Driving Pass	15/03/1975
Driving Experience	43 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90933000
Fax Number	
Contact Number	OFFICE-90933000
Email Address	NOEMAIL

Address	25A JALAN SELAMAT
Postcode	418549
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PHUA BEE LIAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 112 LENGKONG TIGA #01-215 , POSTCODE: 410112 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7489999 - FAX NO: 67454676
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN6554M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG JUN JIN JEREMY
NRIC/Passport Number	S8512391B
Contact Number	93391913
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SONG CHYE CHENG@SOON ENG KIAT
Approximate Age
Injuries Sustain NECK AND BACK
Injured person in which vehicle? SKN252K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PHUA BEE LIAN
Approximate Age
Injuries Sustain NECK AND BACK
Injured person in which vehicle? SKN252K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

BIK 18



A = SKN 252K
B = SKN 6554 M

Bedon South Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180924/2141

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkong Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

1 of 4

Report No. T/20180924/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2018 20:05	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: SONG CHYE CHENG			Address: 25A JALAN SELAMAT SINGAPORE 418549		
ID Type / ID No.: NRIC NO / S0099590H			Contact No.: Home/Office: Mobile: 90933000		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 02/11/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SENIOR MANAGER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/09/2018 18:35	Type of Location: Straight Road
Location: Along Road 1 BEDOK SOUTH ROAD				
Along Bedok South Road, near to car park entrance (Car Park Number: BDB93) of Block 18 Bedok South Road				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKN252K	Car	NISSAN	PRESAGE QR25DE 4AT	Silver	Seriously Damaged	1
SLN6554M	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



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410112
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Report No. T/20180924/2141

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN252K	NTUC Income Insurance Co-Operative Limited	5093964834	04/09/2017	26/09/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	PHUA BEE LIAN		ID No.	S1498804A
Related Vehicle	SKN252K (Car)		Contact No.	81008180
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/09/2018		Date Discharge	23/09/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	SONG CHYE CHENG		ID No.	S0099590H
Related Vehicle	SKN252K (Car)		Contact No.	90933000
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Glass of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	23/09/2018		Date Discharge	23/09/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	WONG JUN JIN JEREMY		ID No.	S8512391B
Related Vehicle	SLN6554M (Car)		Contact No.	93391913
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

POLICE REPORT



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T/20180924/2141

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112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

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Report No. T/20180924/2141

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 MUHAMMAD SYAHIDIN BIN MATNIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/09/2018 20:05

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

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Report No. T/20180924/2141

CONTINUATION OF REPORT

Brief Details.

On the 22/09/2018 at about 1835 hours, I was driving my car bearing the registration plate number SKN252K (Nissan Presage, Silver in colour) along Bedok South Road, on the extreme left lane. As I was driving past the car park near to Block 18 Bedok South Road (Car Park Number: BDB93), I suddenly felt a strong impact and a loud sound coming from the rear of my car. Upon experiencing this, I immediately stopped my car.

When I got out of my car to make a check, I discovered that there was a red in colour car, bearing the registration plate number SLN6554M, that had collided to my rear left passenger door. The said car was exiting the car park at that point of time just before the accident. The impact was so hard that it caused my rear left wheel to explode. After taking photos of the accident, I exchanged particulars with the other driver after which I towed my car as it was not in any condition to be driven.

On the 23/09/2018, I woke up and felt aching on my neck and my back. Due to the aching, I went to Changi General Hospital for consultation. The doctor then gave me three days of medical leave.

I wish to state that my car does not have any in-car camera installed. I am unsure if there is any camera at the vicinity of where the accident took place. I also wish to state that during the accident, my wife (Phua Bee Lian, HP: 81008180) was the only passenger and was seated at the front left passenger seat. She too was given three days of medical leave by the doctor as she also experienced some aching on her neck.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

